

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">091924840</div>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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Total Indep									
Total Depend									
Total Claims									
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52									